

FILED MAY 13 1944

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3044

State File No. 15233

Registrar's No. 26

## I. PLACE OF DEATH:

- (a) County Miller  
(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Meavers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 weeks  
(Specify whether  
In this community Life  
years, months or days)

8. (a) PRINT FULL NAME Carrie Margaret Haynes3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife Oliver J Haynes 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Sept. 27, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 0 If less than one day  
hr. min.

9. Birthplace Olean, Miller Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business at D. D. Atkinson12. Name L. D. Atkinson13. Birthplace Mo  
(City, town, or county) (State or foreign country)14. Maiden name Agnes Miller15. Birthplace Miller Co. Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Mary Snodgrass (Sister)(b) Address Eldon Mo17. (a) Burial (b) Date thereof April 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eldon, Mo18. (a) Signature of funeral director Charles H. Hunsaker(b) Address Olean, Mo19. (a) 4-29-44 (b) J. D. Spearman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Miller  
(c) City or town Eldon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3rd Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1944 hour 2 minute 45 P. M.21. I hereby certify that I attended the deceased from 4/8  
1944, to 4/27 1944,  
that I last saw him alive on 4/27  
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis  
Lobar Pneumonia  
Due to 19 days

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 108

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. D. Walker (M. D. or other)Address Eldon Mo Date signed 4/28/44

RECEIVED

Miller County Health Dep't

County File Number 44-48

Date Filed 5-3-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed

Licensed Embalmer No. 3663

P. O. Address Edwards

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.